

| MEETING: | | |
|-----------------------------------|---|--|
| LOCATION: | | |
| DATE: | | |
| I, | , do hereby give my PROXY to | who is a Democrat, |
| registered within the | County and the | District/Precinct, with authority to vote in |
| my place on any and all matters | s that may come before said meeting unless o | otherwise instructed below. |
| Signature: | | |
| Print Name: | | |
| Office: | | |
| Address: | | |
| Instructions for use of Proxy (if | none, write "None") | |
| | Signature | |
| Witness Two Name | Signature | |
| | vritten proxy must clearly state the name of t the proxy is given, and the date of the meetin n by two non-related adults. | |

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